Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Evaluation Report

STUDENT INFORMATION

Student Name	Initials	Birthdate	Age	Gender M F	Grade	Today's Date

District/School	Initial Referral Date	Initial Evaluation ☐
	Next Comprehensive Reevaluation Due	Reevaluation ☐
Parent(s)' Name	Parent(s)' Address E-mail	Home Phone Work Phone/Cell Phone

EVALUATIONS AND INFORMATION PROVIDED BY THE PARENT(S) AND/OR STUDENT

Parent Comments*:_____

_____

_____

_____

_____

Student Comments:_____

_____

_____

_____

Implications for Educational Planning:_____

_____

_____

_____

ASSESSMENT AREAS

Assessment results, including implications for educational planning, may be summarized or attached as written reports.

Summarized	Attached		Summarized	Attached	
☐	☐	Academic Achievement	☐	☐	Observations*
☐	☐	Assistive Technology/Services	☐	☐	Physical
☐	☐	Behavioral	☐	☐	Psychological
☐	☐	Classroom-Based Assessment*	☐	☐	Social/Emotional
☐	☐	Communication	☐	☐	Transition
☐	☐	Developmental	☐	☐	Other:_____
☐	☐	Functional Behavior Assessment			

* Required

Student Name:_____ **Evaluation Report Date:**_____

ASSESSMENT SUMMARIES

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Student Name:_____ **Evaluation Report Date:**_____

ASSESSMENT SUMMARIES

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Assessment Area:_____ Evaluator(s):_____ Date of Eval/Observ:_____

Results: _____

Implications for Educational Planning: _____

Student Name:_____ **Evaluation Report Date:**_____

ELIGIBILITY DETERMINATION

Student **IS** eligible for special education and related services under the Individuals with Disabilities Education Act. Basis for making the determination that the student has a disability and needs special education and related services:

Disability criteria: _____

_____

_____

☐ Criteria Checklist Attached

Why does the student need special education and related services? _____

_____

_____

_____

Disability Categories (check all that apply):

☐ Autism	☐ Deafness	☐ Other Health Impairment [2]
☐ Developmental Delay	☐ Emotional Disturbance	☐ Specific Learning Disability
☐ Cognitive Delay	☐ Hearing Impairment	☐ Speech Language Impairment
☐ Deaf-Blindness	☐ Orthopedic Impairment [1]	☐ Traumatic Brain Injury
		☐ Visual Impairment

[1] Medical report required (diagnosis of orthopedic impairment by a qualified medical practitioner)

[2] Medical report required (medical diagnosis of chronic or acute health problem)

Recommendations for consideration by the IEP team:

Special Education Services

☐ Adapted Physical Education	☐ Math	☐ Speech/Language
☐ Assistive Technology	☐ Reading	☐ Transition
☐ Braille Instruction	☐ Self-Help/Independence	☐ Travel Training
☐ Career/Vocational	☐ Sensory-Motor	☐ Written Expression
☐ Communication	☐ Social/Emotional/Behavioral	

Related Services

☐ Assistive Technology	☐ Orientation and Mobility	☐ School Health/Nurse Services
☐ Audiology	☐ Parent Counseling and Training	☐ Social Work in Schools
☐ Counseling	☐ Physical Therapy	☐ Speech/Language
☐ Early Identification/Assessment	☐ Psychological	☐ Therapeutic Recreation
☐ Medical (diagnostic)	☐ Recreation	☐ Transportation
☐ Occupational Therapy	☐ Rehabilitation Counseling	☐ Other: _____

DOCUMENTATION—if not eligible

Student **IS NOT** eligible for special education and related services under the Individuals with Disabilities Education Act for the following reason(s):

☐ Does not meet disability criteria
☐ Does not demonstrate need for special education
☐ Lack of instruction in reading or math
☐ Limited English proficiency

Discussion: _____

_____

Recommendation for accommodation or referral for other services as appropriate: _____

Student Name: _____ **Evaluation Report Date:** _____

The following persons, as indicated by their signatures, have participated in the development of this Evaluation Report document. The public agency shall give the parent a copy of the child's Evaluation Report document at no cost to the parent.

Parent	Date	**Parent**	Date
Student	Date	**Speech/Language Pathologist**	Date
Administrator or Designee	Date	**Signature/Position**	Date
Regular Education Teacher	Date	**Signature/Position**	Date
Special Education Teacher	Date	**Signature/Position**	Date
School Psychologist	Date	**Signature/Position**	Date

Each participant of the Evaluation Team shall be provided an opportunity to submit a separate statement of conclusions if the report does not reflect the conclusions of the participant. ☐ Dissenting report will be attached.

Person(s) submitting a separate statement of conclusions: _____

Reasons: _____

_____

_____

Evaluation Report Meeting Notes

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